

● PRINTER RUSH ●
(PTO ASSISTANCE)

Application :	Examiner :	GAU :
09/514999	MARX	1651
From:	Location:	Date:
N/CS	IDC FMF FDC	7-28-05
Tracking #:		Week Date:
06109031		5-23-05

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	3-3-05	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: ① Renumbered claim 1 [originally claim 2] depends on renumbered claim 7 [originally claim 10].
 ② Renumbered claims 2, 3, 4, 5, +6 [originally claims 3, 5, 6, 7, +8 respectively] depend on higher claim 7 [originally claim 10].

Thank you,
N/CS

[XRUSH] RESPONSE: Corrected

INITIALS: Th

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.
 REV 10/04